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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/067,640
	Filing Date	04/27/1998
	First Named Inventor	STALLAERT
	Art Unit	3625
	Examiner Name	AKERS, GEOFFREY
	Attorney Docket Number	18608-P001C1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	STALLAERT, JAN				
Address	3 FARNHAM WAY				
Address					
City	FARMINGTON	State	CT	Zip	06032
Country	U.S.A.				
Telephone	(860) 678-1465	Fax	(860) 678-1462		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	ANDREW B. WHINSTON		
Signature	<i>Andrew B. Whinston</i>		
Date	9/11/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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